



NCR: Yes / No

DQA: Date: ✓

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order ID 93300

\*93300\*

Page 2

November-15-12 11:07:14 AM

Item ID: 646.3810

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Bracket

Stop

\*NS2\*

Start Date: 11/15/12 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 11/30/12 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

\*130\*

QC

Quality Control

QC8- Inspect parts - second check

0.00

RP 3-2-26

20

1

140

\*140\*

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

Memo

0.00

Issue P/O: 19391

Black Anodize as per Dwg 646.3800

13/03/21 (20)

150

\*150\*

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

0.00

0

201

601  
13-4-0

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 93300

November-15-12 11:07:14 AM

\*93300\*

Page 3

Item ID: 646.3810

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Bracket

Start Date: 11/15/12 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 11/30/12 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

155

QC5- Inspect part completeness to step on W/O

0.00

QAS

27

36

22

\*155\*

QC

Quality Control

Memo

0.00

134,2

160

Spray Painting per QSI005 4.2

0.00

\*160\*

SprayPaint

Spray Painting

Memo

0.00

PRIME AS PER DWG, SEE NOTE #2

CARDINAL 4860-50 PRIMER BATCH: 125243

170

QC14- Inspect Spray Paint

0.00

5.2/115

\*170\*

QC

Quality Control

Memo

0.00

(22)

13-4-14

10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 93300

\*93300\*

Page 4

November-15-12 11:07:14 AM

Item ID: 646.3810

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Bracket

Start Date: 11/15/12 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 11/30/12 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

\*180\*

Packaging

Packaging

Identify as per dwg & Stock Location: 139

0.00

190

QC21- Final Inspection - Work Order Release

0.00

\*190\*

QC

Quality Control

Memo

0.00

0.00

10/13/12 15 22

13/4/15 JJ

MF

13-4-15

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

# Picklist Print

November-15-12 11:07:13 AM

Page 1

Work Order ID: 93300

Parent Item: 646.3810

Parent Item Name: Bracket

Start Date: 11/15/12

Required Date: 11/30/12

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6A1.00X0.75X0. 125X0.060	062	Purchased	No			110	f	0.0000	0.1375	2.75			

7075T6 ANGLE 1.00" X .75" X .125" X .060"W

need  
sign off

M123947

6.64

MUP 13/02/25

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

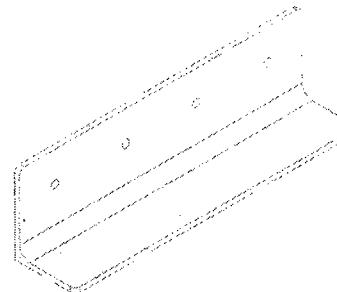
Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____	Work Order Update	Rework	Scrap	Use-as-is	Skid-tube	Machining	Crosstube	Water Jet	Prod. Eng. Coor.	Engineering					
NCR No. _____					Thermoforming	Large Fab	Small Fab	Finishing	Rec/Store/Packaging	Quality					
					Composite		Supplier			Other					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector					
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear			General												
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube			<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio  <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions								<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Other			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

#### NOTES:

MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYP  
CLASS 2, COLOR BLACK:  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY JAW MPP-120



646.3810

## SHOP COPY

### RETURN . . .

ENGINEERING

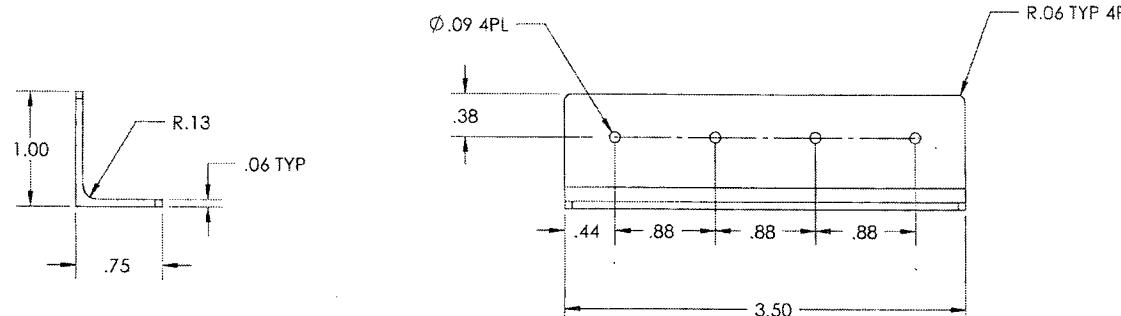
UNCONTROLLED COPY

SUBJECT TO THE APPROVAL

WITH CLAUDIO

WORK TICKET NO 93300 MLC

12-11-14

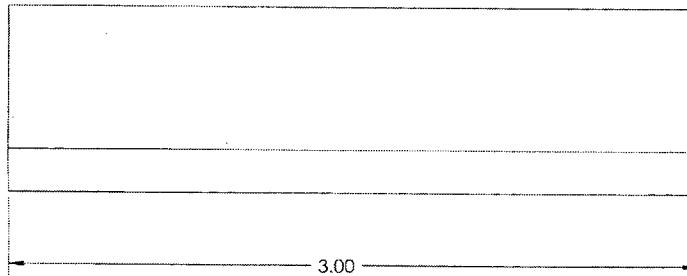


		646.3814	WEER BRACKET	△	△
		646.3813	STRUT BRACKET	△	△
		646.3812	GUSSET BRACKET	△	△
		646.3811	RADIUS BLOCK	△	△
		646.3810	BRACKET	△	△
(QTY) FIND #		PART #	DESCRIPTION	MATE	SP.C.
QTY			PARTS LIST		
NEXT ASSY (S)		ORIGINAL DATE 05/19/03 DRAWN BY J.CARREON CARRIED BY P.PARDO DRAWING APPROVAL 11/10/03 BY J.CARREON CONTACT ME	<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 <b>BRACKETS</b>		
THIS DRAWING IS FOR INFORMATION ONLY DIMENSIONS ARE IN INCHES 1 DRAWING = 1 PART 3 PLACES DECIMALS 2 PLACES 4 PLACES DECIMALS 3 PLACES		SET B CASE/CLOSE DWG NO. 646.3800			REV. N/C
		DRAWN BY J.CARREON CARRIED BY P.PARDO DRAWING APPROVAL 11/10/03 BY J.CARREON CONTACT ME			

93300

1  
2  
3  
4  
5  
6  
7  
8  
9

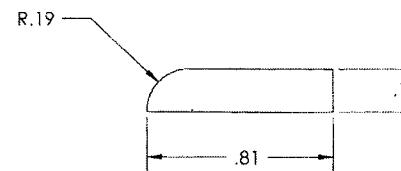
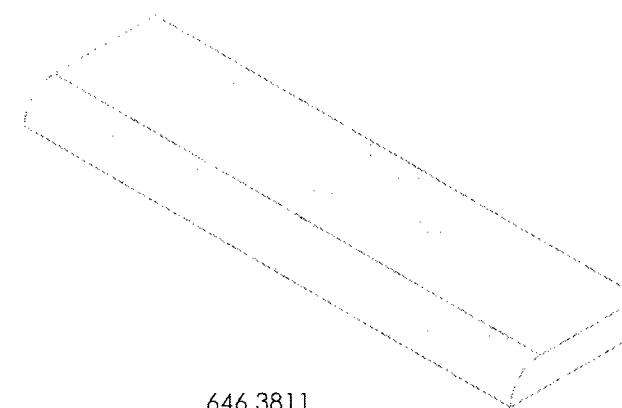
A



B



C

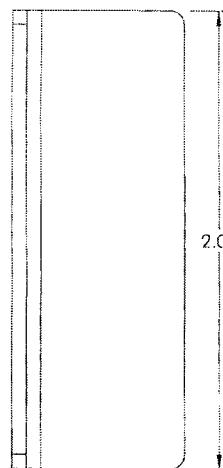


D

NEXT ASSY (S)	OPTIONAL	08-16-08	APICAL INDUSTRIES 2609 TEMPLE HEIGHTS DR OCEANSIDE, CA 92054-3512 (760)724-5300
	DRAWN BY: [Signature]	VERIFIED BY: [Signature]	
	TECHNICAL APPROVAL		
	DOOR PART NO:		
	UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES. ALL ANGLES ARE STRAIGHT EXCEPT 90°. ANGLES ± 5°		
REV:	071476	DATE NO:	646.3800
SCALE:	NONE	REV:	N/C
			SHEET 2 OF 5

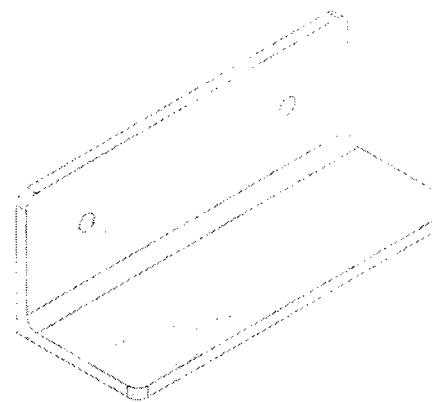
93300

47



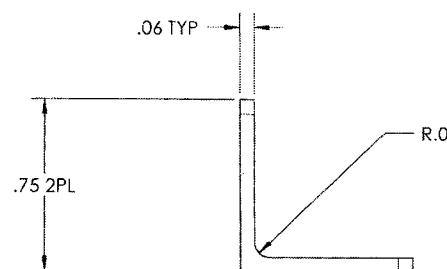
2.0

B



646.3812

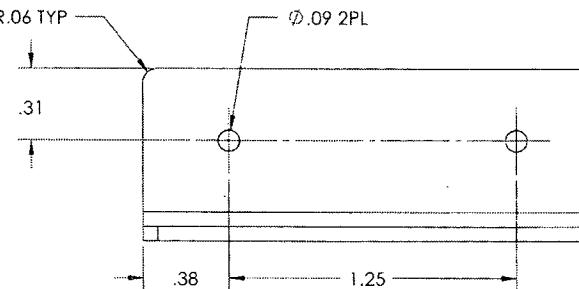
5



.06 TYP ..

.75 2PI

R.06 TY



D

93300

1 2 3 4 5 6 7 8 9

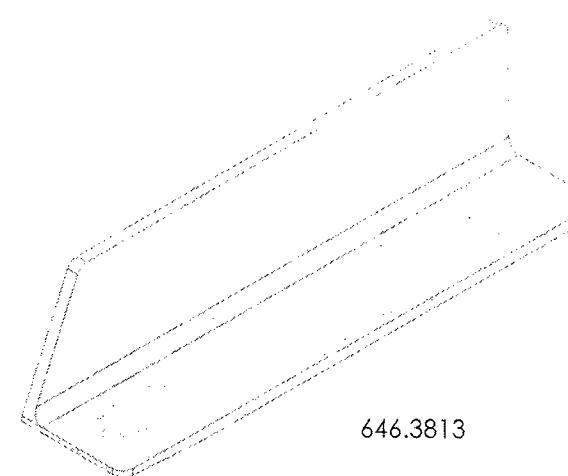
1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

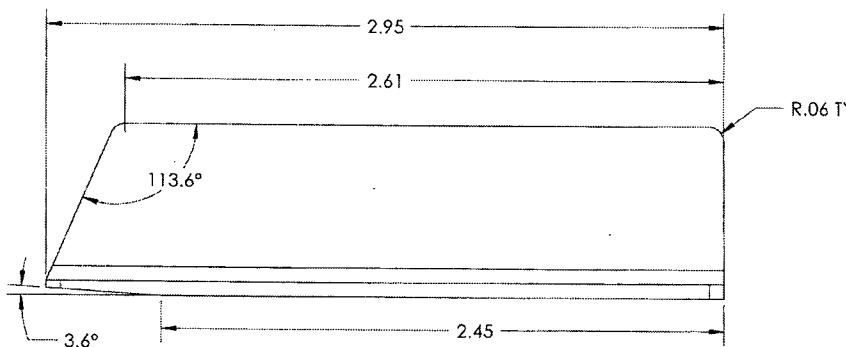
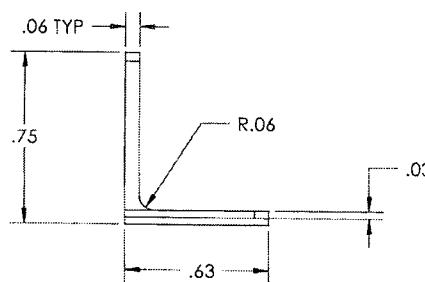
1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9



646.3813

A  
B  
C  
D



NEXT ASSY (S)	ORIGINAL DATE	08-10-09	DRAWN BY	CHECKED	APICAL INDUSTRIES
	BRW/100	BRW/100			
124	124	124	124	124	2608 TEMPLE HEIGHTS DR.
124	124	124	124	124	OCEANSIDE, CA 92056-3512 (760)724-5300
124	124	124	124	124	BRACKETS
124	124	124	124	124	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE INCHES 1 PLACE DECIMAL 200 2 PLACES DECIMAL 1000 3 PLACES DECIMAL 10000 4 PLACES DECIMAL 100000
124	124	124	124	124	REV. B 07/02/09 D/MO. NO. 646.3800 N/C
124	124	124	124	124	SCALE: NONE SHIFT: 4 OF 5

93300

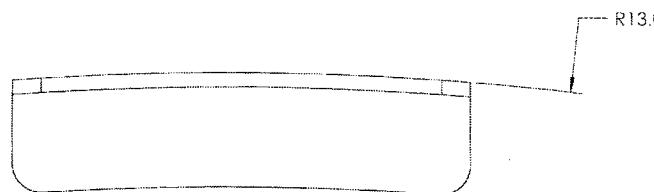
1 2 3 4 5 6 7 8 9

2020 RELEASE UNDER E.O. 14176

1 2 3 4 5 6 7 8 9

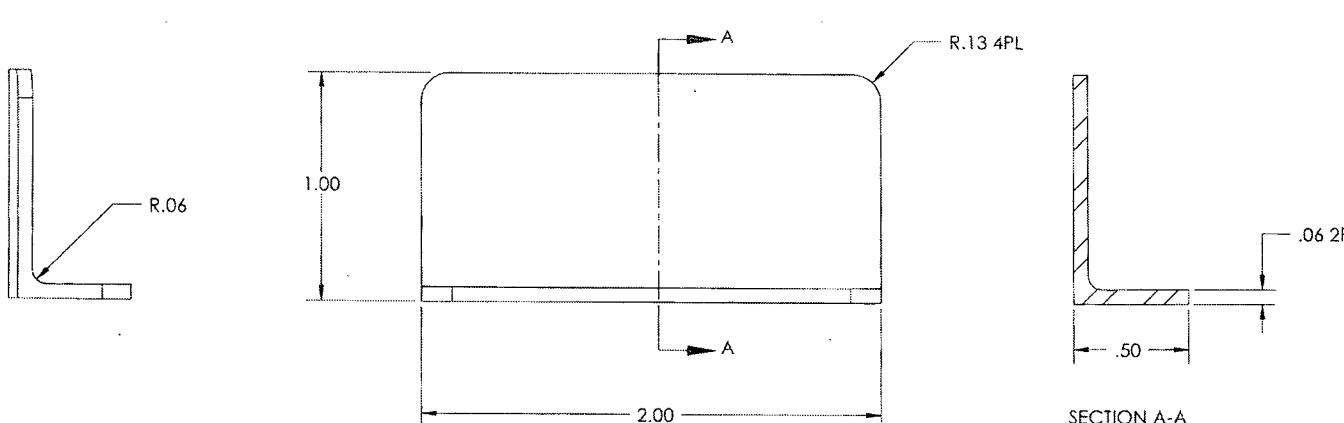
2020 RELEASE UNDER E.O. 14176

A:



646.3814

B:



C:

D:

NEXT ASSY. IS:	DRAWN BY:	CHECKED BY:	APICAL INDUSTRIES
			2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
			BRACKETS
			REF. CASE CODE: 646.3800
			DATE: 07M26
			SCALE: NONE
			PAGE: 1/1
			5 OF 5

UNLESS OTHERWISE SPECIFIED  
DIMENSIONS ARE IN INCHES  
2 PLACES DECIMALS ± 0.00  
3 PLACES DECIMALS ± 0.000  
4 PLACES DECIMALS ± 0.0000

DART AEROSPACE LTD	Work Order:	93300
Description: BRACKETS	Part Number:	646,3810
Inspection Dwg:	Rev: N/G	Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

Measured by:	MJP 	Audited by:	DGP 	Preliminary Approval:	
Date:	13/02/25	Date:	13. 2. 26		Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62289

Date: 28-Mar-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 8 PCS 646.3010 8 PCS 646.3011 10 PCS 646.3110 20 PCS 646.3310 20 PCS 646.3311 7 PCS 646.3410 6 PCS 646.3411 20 PCS 646.3810 21 PCS 646.3812 6 PCS 647.1912 3 PCS 647.1818 2 PCS 647.1915 5 PCS 647.2201  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130184
	Rev:
	PO: 19391
	Line:
	Certificate of Conformance
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY
DATE <u>28/3/13</u>	
CERTIFIED SIGNATURE : <u></u>	
RECEIVER SIGNATURE : <u>                  </u>	